

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

In re: SEAN M. MURRAY

CLERK
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF
Case No. NEWY07-44157-ess

Chapter: 7 Date: NOV 20 A 11:33

RECEIVED/MR

Debtor(s)

AFFIDAVIT PURSUANT TO E.D.N.Y. LBR 1009-1(a)

SEAN M. MURRAY, undersigned debtor herein, swears as follows:

1. Debtor filed a petition under chapter _____ of the Bankruptcy Code on 8/10/2017.
2. Filed herewith is an amendment to Schedule I, E/F and Mail Matrix [indicate list(s), schedule(s) or statement(s) being amended] previously filed herein.
3. Annexed hereto is a listing setting forth the specific additions or corrections to, or deletions from, the affected list(s), schedule(s) or statement(s). The nature of the change (addition, deletion or correction) is indicated for each creditor or item listed.
4. *[If creditor records have been added or deleted, or mailing addresses corrected]* An amended mailing matrix is annexed hereto, reflecting only changes adding or deleting as have been referred to above.

Dated: 11/2/2017

SEAN M. MURRAY
(Signature of Debtor)

Sworn to before me this 12
day of November, 2017

ANNA PATRICIA SANTACRUZ,
Notary Public, State of New York
No. 01SA6191021
Qualified in Queens County
Commission Expires Aug. 4, 2020

Notary Public, State of New York

Reminder: No amendment of schedules is effective until proof of service in accordance with E.D.N.Y. LBR 1009-1(b) has been filed with the Court.

If this amendment is filed prior to the expiration of the time period set forth in Fed. R. Bankr. P. 4004 and 4007, it will be deemed to constitute a motion for a 30-day extension of the time within which any added creditors may file a complaint to object to the discharge of the debtor and/or to determine dischargeability. This motion will be deemed granted without a hearing if no objection is filed with the Court and served on debtor within 14 days following filing of proof of service of this affidavit, all attachments and the amended schedules in accordance with EDNY LBR 1009-1.

UNITED STATES BANKRUPTCY COURT

Eastern District of New York

In Re: SEAN M. MURRAY

Case No.: 1-17-44157-ess

Chapter: 7 Judge: Elizabeth S. Stong

LISTING OF CHANGES TO PETITION SCHEDULES I, E/F, MAILING MATRIX

Schedule I has been amended to change the amount of other income (items 8h, 9, 10, 12)

Schedule E/F has been amended to change the address and amount of item 4.9 to,

| | | |
|------------------------|--------|-------------|
| HSBC BANK USA N.A. | 3/2008 | \$238176.40 |
| 1 Mortgage Way | | |
| Mount Laurel, NJ 08054 | | |

the amount owed of items 4.14 and 4.15,

and added page 8 to schedule E/F featuring items 4.16 and 4.17 to add creditors,

| | | |
|---------------------------|--------|-------------|
| MR. COOPER | 7/2017 | \$238176.40 |
| 8950 Cypress Waters Blvd. | | |
| Dallas, TX 75019 | | |

and

| | | |
|---------------------------------|--------|-------------|
| HSBC MORTGAGE CORPORATION (USA) | 3/2008 | \$238176.40 |
| 2929 Walden Avenue | | |
| Depew, NY 14043-2602 | | |

A supplemental mailing matrix is also annexed to this affidavit.

I declare under penalty of perjury that I have read the foregoing statements and that they are true and accurate to the best of my knowledge, information and belief.

Dated this 2nd day of November, 2017.

Sean M. Murray (Signature of Debtor)

HSBC Bank USA NA
1 Mortgage Way
Mount Laurel, NJ 08054

HSBC MORTGAGE CORPORATION (USA)
2929 Walden Ave
Depew, NY 14043

MR. COOPER
8950 Cypress Waters Blvd.
Dallas, TX 75019

Fill in this information to identify your case:

| | | |
|--|-----------------------|-------------|
| Debtor 1 | SEAN M. MURRAY | |
| | First Name | Middle Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name |
| | Last Name | |
| United States Bankruptcy Court for the: Eastern District of New York | | |
| Case number (if known) <u>1-17-44157-ess</u> | | |

**CLERK
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF
NEW YORK**

2017 NOV 20 A 11:33

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Check if this is an
amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

| | | | | |
|--|--------------------------|---|------------------|------------------|
| 2.1 | Internal Revenue Service | Last 4 digits of account number <u>8657</u> | \$ <u>22,422</u> | \$ <u>22,422</u> |
| Priority Creditor's Name | | When was the debt incurred? <u>4/24/2017</u> | | |
| Number Street | | As of the date you file, the claim is: Check all that apply. | | |
| Ogden UT 84201-00 | | <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| City State ZIP Code | | Type of PRIORITY unsecured claim: | | |
| | | <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | |
| Who incurred the debt? Check one. | | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| Is the claim subject to offset? | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | |
| 2.2 | Priority Creditor's Name | Last 4 digits of account number _____ | \$ _____ | \$ _____ |
| Number Street | | When was the debt incurred? _____ | | |
| City State ZIP Code | | As of the date you file, the claim is: Check all that apply. | | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| Is the claim subject to offset? | | <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 SEAN M. MURRAY

First Name Middle Name Last Name

Case number (if known) 1-17-44157-ess

Part 1: Your PRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim amount | Priority amount | Nonpriority amount |
|--------------------|-----------------|--------------------|
|--------------------|-----------------|--------------------|

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street _____

When was the debt incurred? _____

City State ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Is the claim subject to offset?

- No
 Yes

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street _____

When was the debt incurred? _____

City State ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Is the claim subject to offset?

- No
 Yes

Priority Creditor's Name _____

Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Number Street _____

When was the debt incurred? _____

City State ZIP Code _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Is the claim subject to offset?

- No
 Yes

Debtor 1 SEAN M. MURRAY
 First Name Middle Name Last Name

Case number (if known) 1-17-44157-ess

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 American Express

Nonpriority Creditor's Name

Post Office Box 981537

Number Street
El Paso

TX 79998

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 8223

Total claim \$ 11,067

When was the debt incurred? 12/24/2011

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.2 Bank of America

Nonpriority Creditor's Name

Post Office Box 982238

Number Street
El Paso

TX 79998

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 3342

Total claim \$ 20,085

When was the debt incurred? 11/01/2011

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Flexible Spending Credit Card

4.3 Chase Card

Nonpriority Creditor's Name

Post Office Box 15298

Number Street
Wilmington

DE 19850

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 0220

Total claim \$ 12,529.23

When was the debt incurred? 10/27/2012

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Account

Debtor 1

SEAN M. MURRAY

First Name Middle Name Last Name

1-17-44157-ess

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

Chase Card

Nonpriority Creditor's Name

Post Office Box 15298

Number Street
Wilmington

DE 19850

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 3203

\$ 1,471

When was the debt incurred? 11/04/2011

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Account

4.5

Chase Card

Nonpriority Creditor's Name

Post Office Box 15298

Number Street
Wilmington

DE 19850

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 8426

\$ 6,292

When was the debt incurred? 11/04/2011

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Flexible Spending Credit Card

4.6

Chase Card

Nonpriority Creditor's Name

Post Office Box 15298

Number Street
Wilmington

DE 19850

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 6243

\$ 1,415

When was the debt incurred? 4/25/2013

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card Account

Debtor 1

SEAN M. MURRAY

First Name Middle Name Last Name

1-17-44157-ess

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

DISCOVER FINCL SVC LLC

Nonpriority Creditor's Name
Post Office Box 15316

| | | | |
|--------|--------|----------|-------|
| Number | Street | DE | 19850 |
| City | State | ZIP Code | |

Last 4 digits of account number **9533**\$ **6,220.14**When was the debt incurred? **5/28/2013**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card Account**

4.8

HSBC BANK

Nonpriority Creditor's Name
Post Office Box 9

| | | | |
|--------|--------|----------|-------|
| Number | Street | NY | 14240 |
| City | State | ZIP Code | |

Last 4 digits of account number **2950**\$ **11,885**When was the debt incurred? **10/17/2011**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.9

HSBC BANK USA N A

Nonpriority Creditor's Name
1 Mortgage Way

| | | | |
|--------|--------|----------|-------|
| Number | Street | NJ | 08054 |
| City | State | ZIP Code | |

Last 4 digits of account number **1268**\$ **238176.40**When was the debt incurred? **3/3/2008**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Conv Real Estate Mtg**

Debtor 1

SEAN M. MURRAY

First Name Middle Name Last Name

1-17-44157-ess

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim \$ 0

.10

MORTGAGE SERVICE CENTERNonpriority Creditor's Name
2001 Bishop Gate BoulevardNumber Street
Mount Laurel NJ 08054
City State ZIP Code

Last 4 digits of account number 5176

\$ 0

When was the debt incurred? 008/04/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CONV REAL ESTATE MTG

.11

TOYOTA MOTOR CREDIT CORPNonpriority Creditor's Name
5005 N RIVER BLVD NENumber Street
Cedar Rapids IA 52411
City State ZIP Code

Last 4 digits of account number 4949

\$ 10,481

When was the debt incurred? 12/01/2012

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify AUTOMOBILE

.12

PHH MORTGAGE SERVICENonpriority Creditor's Name
2001 BISHOPS GATE BLVDNumber Street
Mount Laurel NJ 08054
City State ZIP Code

Last 4 digits of account number 5176

\$ 0

When was the debt incurred? 9/25/2013

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CONV REAL ESTATE MTG

Debtor 1 SEAN M. MURRAY

First Name Middle Name Last Name

Case number (if known) 1-17-44157-ess

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

.13

NATIONSTAR MORTGAGE

Nonpriority Creditor's Name

Post Office Box 15316

Number Street
Wilmington

DE 19850

City State ZIP Code

Last 4 digits of account number 9916

\$ 238176.40

When was the debt incurred? 3/2017

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CONV REAL ESTATE MTG

.14

CAPTIAL ONE

Nonpriority Creditor's Name

Post Office Box 30285

Number Street
SALT LAKE CITY

UT 84130

City State ZIP Code

Last 4 digits of account number 1287

\$ 750

When was the debt incurred? 3/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify CREDIT CARD

.15

WALAILUK TECHAMA MURRAY

Nonpriority Creditor's Name

40-52 75th St Apt 5F

Number Street
ELMHURST

NY 11373

City State ZIP Code

Last 4 digits of account number _____

\$ n/a

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Divorce

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Debtor 1

SEAN M. MURRAY

First Name Middle Name Last Name

1-17-44157-ess

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim**.16****Mr. Cooper**Nonpriority Creditor's Name
8950 Cypress Waters Blvd.Number Street TX 75019
City State ZIP Code**Who incurred the debt? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **9916**\$ **38176.40**When was the debt incurred? **3/2017**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **CONV REAL ESTATE MTG**

.17**HSBC MORTGAGE CORPORATION (USA)**Nonpriority Creditor's Name
2929 WALDEN AVENUENumber Street NY 14043-2602
City State ZIP Code**Who incurred the debt? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **2689**\$ **38176.40**When was the debt incurred? **3/3/2008**

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **CONV REAL ESTATE MTG**

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1

SEAN M. MURRAY

First Name Middle Name Last Name

Case number (if known) 1-17-44157-ess**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Number Street _____

- Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

Debtor 1

SEAN M. MURRAY

First Name Middle Name Last Name

Case number (if known) **1-17-44157-ess****Part 4:****Add the Amounts for Each Type of Unsecured Claim**

- 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.**
Add the amounts for each type of unsecured claim.

| Total claims from Part 1 | Total claim |
|--|----------------------|
| 6a. Domestic support obligations | 6a. \$ <u>0</u> |
| 6b. Taxes and certain other debts you owe the government | 6b. \$ <u>22,422</u> |
| 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ <u>0</u> |
| 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + \$ <u>0</u> |

6e. Total. Add lines 6a through 6d.6e.

| | |
|--|------------------|
| | \$ <u>22,422</u> |
|--|------------------|

| Total claims from Part 2 | Total claim | | |
|--|--|--|----------------------|
| 6f. Student loans | 6f. \$ <u>0</u> | | |
| 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ <u>0</u> | | |
| 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ <u>0</u> | | |
| 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + \$ <u>1034900.97</u> | | |
| 6j. Total. Add lines 6f through 6i. | 6j. <table border="1" style="display: inline-table;"><tr><td style="width: 10px;"></td><td style="text-align: right;">\$ <u>1034900.97</u></td></tr></table> | | \$ <u>1034900.97</u> |
| | \$ <u>1034900.97</u> | | |

Fill in this information to identify your case:

SEAN M. MURRAY

Debtor 1 First Name Middle Name Last Name

Debtor 2 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number 1-17-44157-ess
(if known)

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed
 Not employed

Employed
 Not employed

Occupation

Employer's name

Employer's address

Number Street

Number Street

Number Street

City State ZIP Code

City State ZIP Code

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$ _____ 0

\$ _____

3. + \$ _____ 0

+ \$ _____

4. \$ _____ 0

\$ _____

| | |
|--|---|
| Debtor 1 SEAN M. MURRAY <small>First Name Middle Name Last Name</small> | 1-17-44157-ess <small>Case number (if known)</small> |
| For Debtor 1 For Debtor 2 or non-filing spouse | |
| Copy line 4 here..... → 4. \$ <u>0</u> \$ _____ | |
| 5. List all payroll deductions: | |
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: _____ | 5a. \$ _____ 5b. \$ _____ 5c. \$ _____ 5d. \$ _____ 5e. \$ _____ 5f. \$ _____ 5g. \$ _____ 5h. + \$ _____ + \$ _____ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$ <u>0</u> \$ _____ | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ <u>0</u> \$ _____ | |
| 8. List all other income regularly received: | |
| 8a. Net income from rental property and from operating a business, profession, or farm <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small> | |
| 8a. \$ <u>0</u> 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small> 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____</small> | 8a. \$ <u>0</u> 8b. \$ <u>0</u> 8c. \$ <u>0</u> 8d. \$ <u>0</u> 8e. \$ <u>0</u> 8f. \$ <u>0</u> 8g. Pension or retirement income 8h. Other monthly income. Specify: <u>Reimbursement</u> |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$ <u>1250</u> \$ _____ | |
| 10. Calculate monthly income. Add line 7 + line 9. <small>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.</small> | |
| 10. \$ <u>1250</u> + \$ _____ = \$ <u>1250</u> | \$ <u>1250</u> \$ _____ = \$ <u>1250</u> |
| 11. State all other regular contributions to the expenses that you list in Schedule J. <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____</small> | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. <small>Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i>, if it applies</small> | |
| 12. \$ <u>1250</u> Combined monthly income | |
| 13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____ | |

 Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 04-08-2017
Response Date: 04-08-2017
Tracking Number: 100325085561

Wage and Income Transcript

SSN Provided: [REDACTED]
Tax Period Requested: December, 2015

Form 1098 Mortgage Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN): 112739323
35-21 79TH STREET TENANTS
JOHN B LOVETT ASSOCIATES LTD
109 15 14TH AVENUE
COLLEGE POINT, NY 11356-0000

Payer/Borrower:

Payer's Social Security Number: [REDACTED]
MURRAY, SEAN MICHAEL
ATTN COMPLEX TEAM SV01
1 MORTGAGE WAY
MOUNT LAUREL, NJ 08054-0000

Submission Type:Original Document
Account Number (Optional):
Mortgage Interest Received from Payer(s)/Borrower(\$): \$1,057.00
Points Paid on Purchase of Principal Residence: 0.00
Refund of Overpaid Interest: 0.00

This Product Contains Sensitive Taxpayer Data

 Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 04-08-2017

Response Date: 04-08-2017

Tracking Number: 100325086600

Wage and Income Transcript:

SSN Provided: [REDACTED]

Tax Period Requested: December, 2016

Form 1099-R Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Payer:

Payer's Federal Identification Number (FIN): 043157927
BOSTON FINANCIAL DATA SERVICES
C/O LINCOLN FINANCIAL GROUP
PO BOX 7876
FORT WAYNE, IN 46801-7876

Recipient:

Recipient's Identification Number: [REDACTED]
SEAN M MURRAY
PO BOX 1110
ALBANY, NY 12201-1110

Submission Type: Original document
Account Number (Optional): [REDACTED]
Distribution Code Value: Direct rollover and rollover contribution
Distribution Code: ROLLING
Distribution Code Value: Not significant
Distribution Code: Blank
Tax Amount Undetermined Code: Not checked
Total Distribution Code: Total Distribution
First Year Roth Contribution: 0000
SEP Indicator: IRA/SEP/SIMR box not checked
FATCA Indicator: not FATCA
Tax Withheld: 0.00
Total Employee Contributions: 0.00
Unrealized Appreciation: 0.00
Other Income: 0.00
Gross Distribution: \$47,173.00
Taxable Amount: 0.00
Eligible Capital Gains: 0.00
Amount to IRR: 0.00

This Product Contains Sensitive Taxpayer Data

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

In Re: SEAN M. MURRAY

CLERK
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF
NEW YORK

2017 NOV 20 A 11:33

RECEIVED/MR

Case No.: 1-17-44157-ess

Chapter: 7

CERTIFICATION OF SERVICE

1. I, SEAN M. MURRAY.:

- am the Petitioner in this case and am representing myself.
2. On November 16, 2017, I sent a redacted copy of the following pleadings and/or documents to the parties listed in the chart below, pursuant to the order dated November 9, 2017, docket #21. Amended Schedule I, E/F; Supplemental Mailing Matrix; Certificate of Debtor Education; Form USBC-63, Affidavit Pursuant to EDNY LBR 1009-1(a); Listing of changes to petition schedules I, E/F; Redacted IRS Transcripts.
3. I certify under penalty of perjury that the above documents were sent using the mode of service indicated.

Date: Thursday, November 16, 2017

Signature: *Sean M. Murray*

| Name and Address of Party Served | Relationship of Party to the Case | Mode of Service |
|---|-----------------------------------|--|
| Robert A. Gavin, Jr. Clerk of the Bankruptcy Court 271-C Cadman Plaza East, Suite 1595 Brooklyn, NY 11291-1800 | Clerk of the Bankruptcy Court | <input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Email PDF |